

Syringomyelia is an uncommon complication of arachnoiditis, probably arising due to the pressure dissociation between the subarachnoid space and the central canal.

Kamada et al ([ii](#)) recommend follow-up serial MRI imaging for patients with adhesive arachnoiditis in order to detect syringomyelia as early as possible.

It should be suspected if there is an increasing scoliosis (which is thought to be due to unequal nerve supply to the paraspinal muscles), with pain in a "cape-like" distribution in the upper body and areas of dissociated sensory loss, in particular, loss of temperature sensation in upper limbs which may lead to painless burns.

There may be atrophy of small muscles in the hands and spastic paresis, gradually progressive, leading to difficulty in walking.

A further, rare, complication is communicating hydrocephalus. This is thought to be due to alterations in the cerebrospinal fluid dynamics, due to the effects of the scarring in the subarachnoid space.

[ii](#) Kamada K, Iwasaki Y, Hida K, Abe H, Isu T *No Shinkei Geka* 1993 Feb;21(2):135-140 [Syringomyelia secondary to adhesive arachnoiditis: clinical profiles and efficacy of shunt operations]

